P13000048004

(Re	equestor's Name)					
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PICK-UP	☐ WAIT	MAIL				
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SECRETARY OF STATE

SEP 1 8 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

		- 0		T. 15
			ISTAL INVESTMENTS	TWC
DOCUMENT NUME	BER: <u>P1300004</u>	18004		
The enclosed Articles	of Amendment and tee are su	abmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	CAROL	AKOBS Name of Contact Person		
	CVIROC C	Name of Contact Person	n	
		Firm/Company		
	52 TUSCAN	NAY SUITE	202-125	
		Address		
	ST. AUGUSTIA	VE, FLORIDA	32092	
C	urol. Jakobs (E-mail address: (to be u	e amail. con	21	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	i concerning this matter, plea	se call:		
CAROL J	AKOBS	at (850	de & Daytime Telephone Number	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	•
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
	ndment Section sion of Corporations		Iment Section on of Corporations	
	Box 6327		Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

DIVISION	ETAPLEN	
13 SEP	ETAPLEU OF COMPONATION	
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Articles of Inco	rporation 73 SED COM
NORTHEAST FLORIDA COASTAL IN (Name of Corporation as currently filed with the Florida Corporation)	IVESTMENTS INC.
P13000048004	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	" "company," or "incorporated" or the abbreviation or. A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	52 TUSCAN WAY SUITE 202-125 ST. AUGUSTINE, FL 32092
D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent CAROL Jr	akobs
52 TUSCAN M (Florida stree	VAY SUITE 202-125
New Registered Office Address: ST. AUGUSTI	NE, Florida 37092 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of few Registered Agent.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) _ Change	P	ROBERT JAKUBS	52 TUSCAN WAY
\nearrow \land \land \land			SUITE 202-125
Remove			ST. AUGUSTINE, FL 32092
2) _, Change	<u></u>	DAVID HYDLE	52 TUSCAN WAY
X Add			SUITE 202-125
Remove			ST. AUGUSTINE, FL 32092
3) Change			
Add			
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			AND THE PROPERTY OF THE PROPER
Add			
Remove			

. <u>If an</u> (Attac	pending or adding additional A ch additional sheets, if negessary)	ticles, enter chai (Be specific)	nge(s) here:		
			<u> </u>	111111111111111111111111111111111111111	8 PART 1 - 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
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<u>lf an</u>	amendment provides for an exc	change, reclassifi	cation, or cance	llation of issued sh	nares,
<u>pro</u>	visions for implementing the am (if not applicable, indicate N/A)	endment if not e	ontained in the	amendment itself:	
	(I) not applicable, malicule WA)				
		**** /	,		
		-			
	-				

The date of each amendment(s) adoption: 09/04/20/3 date this document was signed.	, if other than the
Effective date if applicable: 09/09/2019 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/04/2013	
Signature Caual Sakols	
(By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
CAROL LAKOBS	
(Typed or printed name of person signing)	gangan _a
PRESIDENT	
PRESIDENT (Title of person signing)	_